



ELECTION FRAUD AND ACCESSIBILITY GRIEVANCE FORM

**Indiana Secretary of State
HAVA Division**
Indiana Government Center South
302 West Washington Street, Room E-111
Indianapolis, Indiana 46204
Telephone: (866) 461-6683

PERSON FILING FORM

Name		
Address (street and number, city, state, ZIP code)		County of residence
Email address (optional)	Day Telephone	Evening Telephone

NATURE OF THE GRIEVANCE

Please describe the nature of the complaint: (Attach additional Grievance sheets if necessary)

Have you filed this complaint with your county election board?

☐ Yes ☐ No

NOTARY CERTIFICATE

STATE OF _____ }
COUNTY OF _____ } SS:

I, _____ swear or affirm that the information set forth above is true to the best of my knowledge and belief.

Signature	Signature of Notary Public	
Print or typed name	Print or typed name of Notary Public	
Date subscribed and sworn to Notary Public	County of Residence	Date commission expires

Voters with disabilities needing assistance regarding accessibility issues may also contact the Indiana Protection and Advocacy Services at:
4701 N. Keystone Ave. #222
Indianapolis, IN 46205
(toll free) 800-622-4845
(TTY) 800-838-1131